

Minutes - Cambridgeshire LMC Meeting

Thursday 26th March 2020 at 3pm via Webex

Present:

Drs Diana Hunter (Chair), Kavita Bhardwaj, Sean Culloty, Ben Curtis, Francesca Frame, Emma Gayton, Liz Halliday, James Howard, Steve Jones, Harshad Mistry, Neil Modha, Mike Moor, James Morrow, Kathryn Newell, Paula Newton, Duncan Outram, Simon Poole, Nathalie Rodriguez-McCullough, Clare Routledge, Jo Scrivens, Amrit Takhar, Richard Weyell, Jennifer Wheatley

In attendance: Dr Katie Bramall-Stainer, Jo Audoire and Emma Drew

1. Welcome and introduction

1.1 No apologies were received

2. Co-option of New Members to the Committee

2.1 Dr Lisa Lim from April 2020-March 2021

2.2 Co-option of two GP Trainee Representative seats from April 2020

The above items were taken together

The Committee unanimously agreed to co-opt Dr Lisa Lim to the Committee until April 2021 and two new Registrar Advisors, Dr Liam Loftus and Dr Nanette Kelly from April 2020.

2.3 Discussion of GP Trainee Representation from Peterborough

It was noted that Cambs and West Cambs VTS schemes now have LMC representation from Registrar Advisors and the Committee were asked to consider Peterborough representation. It was highlighted that this might be a challenge due to the Peterborough VTS scheme being part of a cross border scheme with Lincolnshire but it was agreed that the Peterborough VTS Training Programme Directors should be approached to seek interest and nominations for representation.

3. Minutes of previous meeting

3.1 Minutes of the meeting Thursday 30th January 2020

A minor spelling correction was made and the minutes were subsequently approved.

4. Matters Arising

4.1 Matters arising not elsewhere on the Agenda

There were no matters arising not elsewhere on the agenda.

5. Contractual Matters

5.1 CCG Eating Disorders LES

The Committee noted that the LMC had shared some practical solutions and that the CCG/CPFT are continuing to look at possible options, but that a LES would not be proposed at this present time.

5.2 CCG 2020/21 Primary Care Investment Package

The Committee received this item and noted that local engagement in the CCG's Big Conversation events made it clear that there is a need for additional investment into General Practice. The Committee sought clarity on some individual points and were assured that all parties had worked hard to negotiate in good faith, a package that the CCG can now sign off and practices sign up to.

5.3 STP Update – Propose governance changes and UEC work stream

The Committee received this item and discussed this work stream which is attended by acute and community Trusts together with the CCG and the local authorities, and is adequately represented by the Alliances, Federations and the LMC who allow the voice of Primary Care & General Practice to be heard. The governance changes of the STP were discussed and the Committee were happy for the Chair to be involved with the STP meetings with a mandate to speak on their behalf and supporting the Chief Executive as advocates for all practices across the STP footprint. committee felt the Chair. It was noted that Covid-19 had superseded many STP workstreams, the UEC workstream included.

6. Executive Actions, Feedback & Questions

6.1 Pastoral Support Team Update and Progress

The Committee received this item and heard that the Pastoral Support Team met for a session with Dr Clare Gerada and Richard Jones from NHS Practitioner Health in February. The Committee heard that some sessions have already started to be held and they have gone well. The PST continues to grow in its offering of support for constituents in need.

6.2 Organisational Governance Update

Building on previous discussions to protect the organisation legally and financially, the Committee heard that some amendments to the LMC Constitution were required and that we had sought legal advice. The Committee had had the opportunity of reviewing the changes and made some further comments about the proposed wording. The Chair agreed to seek further advice about the wording and to feedback the outcome of those discussions to the Committee by email. The outcome would then be re-discussed at the next meeting. The Chair will continue with this line of work and will re-share the process with the Committee at the next meeting.

7. GPC matters

7.1 Report from our GPC Representative

7.2 Update from GPC England, 6th February 2020

The Committee took the above items together. The meeting in February saw GPC pass the recommendations for the 2020/21 GMS and PCN DES contract change. The Committee discussed how it was clear that our GPC Members were disappointed in GPC's decision to accept them, but was pleased that special conference went ahead and noted its findings with interest.

7.3 Special Conference of England LMCs, 11th March 2020

Feedback received from LMC Members who attended Special Conference was that the themes of debate were uncontroversial and the strength of feeling was seen and felt in the room due to the high number of representatives voicing similar concerns about the contract changes. The Committee heard from the Executive team how GPC may take this forward in the interim, allowing for other concerns around Covid-19 to be raised with NHSEI.

8. Covid-19

- 8.1 NHSEI Covid-19 SOP for General Practice
- 8.2 GPC England letter to the profession
- 8.3 Emergency Legislation including death and e-Coroner Service
- 8.4 Emergency DES
- 8.5 Needs of Constituent GPs and Practices

The above items were taken together.

The Committee heard that an algorithm for management of COVID-19 has been agreed locally and that legislative changes are expected particularly in relation to death certification. A summary of guidance from Parliament will be included in the LMC Newsletter tomorrow.

The Committee were informed that the Chief Executive is part of daily Health Gold calls with the CCG and CEOs of each Trust, CCS and CPFT where senior system issues are raised and discussed.

It was recommended that practices should spend some time before the peak of the virus hits the county, to ensure robust systems and processes are in place, staff have been re-deployed/able to work remotely.

The Committee also heard that it is anticipated that other Nightingale field hospitals may be set up locally in anticipation for a surge in cases which may impact on capacity of our current hospitals.

It was acknowledged that the way in which General Practice is consulting with patients has changed dramatically in a very short space of time and how the use of tech such as Accurx, will greatly assist GPs holding remote patient consultations. The Committee discussed the implications of remote consultations should the patient not have a smart phone and it was suggested that a next of kin could assist if safe to do so or a telephone consultation continue to take place.

It was recommended that practices should have robust processes in place whereby all staff are fully apprised of a decision log if a patient needs to be seen in person. Practices should have the remote consultation with the patient in the first instance and give them clear instructions regarding attending the surgery and what will thence happen. Having a separate entrance and exit for the patient, specific treatment room set up and adequate PPE in place so that they can be seen as swiftly and safely as possible would be key.

The Committee thanked the Chief Executive for her leadership and foresight with regards to PPE policies and providing regular essential updates for constituents.

There was a discussion about patient registrations if discharged to emergency facilities out of practice area. It was felt that keeping their established GP might be in the best interest of the patient in this potential scenario. New patients could still be registered remotely, and have any necessary health check when normal face to face appointments resume.

The Committee recognised that clear boundaries need to be set for this new way of working and that the focus should be delivering safe, effective, sensible services and not put staff or patients at additional risk. Assume everyone is ‘an asymptomatic incubator’ do not assume they are ‘low risk’ of having COVID-19.

9. Items to receive

- 9.1. LMC January Newsletter
- 9.2. LMC update emails from GPC

10. Any other business

There was no further business to discuss.

11. Date of next meeting

Thursday 30th April 2020 – 3:00pm – 5:30pm - remote via Webex